

Comprehensive School and Community Treatment

Children's Mental Health Bureau, DPHHS

Comprehensive School and Community Treatment IGT Medicaid Guidance

The Children's Mental Health Bureau (CMHB) would like to provide some additional clarification on CSCT funding. Due to how claims are processed and how claims data is pulled from MMIS, it is not uncommon for providers to have a different total than when the Department pulls claims data. Often the discrepancy is with CSCT claims that have been paid versus those that are still suspended to be paid once the state match is received.

Bridge Funding

Bridge funding, appropriated by the Legislature, was used for the CSCT state share for claims received and approved for payment 7/1/2021 through 12/28/2021.

Claims with date of service 7/1/2021 through 9/30/2021, bridge funding will be used to cover the state match for any clean claims submitted within Medicaid timely filing requirements.

Claims with date of service after 10/1/2021, bridge funding covered claims based on when claims were ready to pay or clean claims were received, not the date of service (DOS). Clean claims received 10/1/2021 through 12/28/21 were paid using bridge funding. Bridge funding was exhausted on 12/28/2021, therefore claims submitted after 12/28/21 or claims that had errors to be resolved will be put in pending status until the IGT state match is met.

OPI Non-Federal State Match Report

The IGT Report sent by the OPI at the beginning of the month is for IGT suspended claims only. For example, for January claims, this report totals all suspended claims for the period of 12/28/21 - 1/28/22. It does not include totals for those claims that have been previously paid nor does it include the total for adjusted or denied claims. The IGT claims show up on the remittance advice as "Pending Claims" with remark code 133. Once the Department receives notification that the match has been paid, the pending claims will be released and paid. Once paid, they will be on your remittance as paid claims.

FMAP

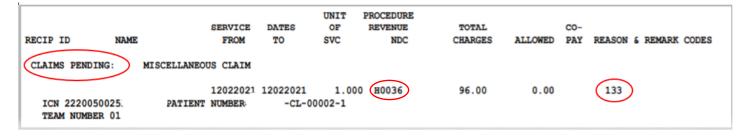
The monthly state match report from the OPI for claims submitted during the timeframe indicated will reflect the current FMAP rate applied to those claims. The OPI has advised districts to negotiate at the regular FMAP and not the enhanced FMAP because that will change quarterly and will eventually be eliminated at the end of the public health emergency. The FMAP on the report is a blended percentage of Medicaid and CHIP-funded Medicaid Expansion.

The Different CSCT Funding Buckets

Claims Submitted	Funding of State Match	Rate Unit	Reimbursement Rate
Pre July 1, 2021	State Medicaid Dollars	15-minute Unit	\$17.67
July 1 to September 30, 2021	Bridge Funding	15-minute Unit	\$17.85
October 1 to December 28, 2021	Bridge Funding and IGT	Daily Rate	\$96/day (\$110.40/day frontier)
December 29, 2021, and on	IGT	Daily Rate	\$96/day (\$110.40/day frontier)

Remittance Advice - What to Look For

The Remittance Advice (RA/e!SOR) shows the status of claims. For CSCT claims (Procedure Codes H0036 and H2027) you may see claims that have paid either through bridge funding or pre-July 1, 2021 funding. Suspended claims that are "pending" with remark code 133 are claims the will be released once the IGT non-federal state match has been met and a signed MOU has been received. The January RA will most likely show both claims paid with bridge funding (submitted up to 12/28/2021) and claims suspended as part of the IGT process. Below is an example of a CSCT claim pending until the state match is met and it is released by DPHHS. Please note, the month in which claims are pending is based on when a clean claim is received, not on the date of service.



Description of the Reason/Remark Code 133

The disposition of this service line is pending further review. (Use only with Group Code OA). Note: Use of this code requires a reversal and correction when the service line is finalized (use only in Loop 2110 CAS segment of the 835 or Loop 2430 of the 837).

Remittance Advice – Why Actual Reimbursement Amount Might Differ from the State Match Report from OPI

Providers may notice a difference in the actual reimbursement they receive when compared to the State Match Report received from OPI. Please refer to your remittance advice. Claims that have take-back amounts will show in the paid claims category but with a negative total (see second example below). These ICNs may not be on the IGT State Match Report (suspended claims) because the State Match Report only shows clean suspended claims, not paid claims. Claims that are adjusted are considered paid claims. Therefore, the amount reimbursed will be the reimbursement for the CSCT claims that were pending minus any adjustments.

Below is an example of a State Match Report detail of what you will see for your school district for each Provider Treating ID (CSCT Team).

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				CHIP Funded	CHIP Funded	Medicaid	Medicaid	HELP	HELP	ALL CSCT	ALL CSCT	
Provider Treating Name	Provider System Sort Name	Provider Treating ID	Provider Treating NPI	State Share	Total	State Share	Total	State Share	Total	State Share	Total	
SCHOOL DISTRICT	School District #1	123456	123456789X	\$0.00	\$0.00	\$150.00	\$500.00	\$0.00	\$0.00	\$150.00	\$500.0	00
•			_									_

If your reimbursement amount doesn't match the "All CSCT Total" amount, check the Paid Claims on your remittance advice to determine if there were any take-back paid claims as shown below.

In the example below the take-back total is \$300.39.

17 ICN 02201011804101500 PATIENT TEAM NUMBER	10302020 10302020 2.000 H003 NUMBER=	54.06-	35.34-
	CLAIM TOTAL*****	54.06-	35.34-
17 ICN 02201011804101700 PATIENT	10302020 10302020 10.000 H003	270.30-	176.70-
TEAM NUMBER	***CLAIM TOTAL**********	270.30-	176.70-
17 ICN 02201011804101800 PATIENT TEAM NUMBER	10302020 10302020 5.000 H003 NUMBER=	36 135.15-	88.35-
IBAN NONDER	***CLAIM TOTAL*********	135.15-	88.35

Accessing Your Remittance Advice

As the Department transitions from the Conduent MATH portal to the Optum MPATH portal, remittance advices (remits) for the schools should become easier to access. To get access for everyone who needs it, the Primary User who registered the school district's NPI will need to send invites to all contacts for each team.

As the remits start moving to the new platform, providers will notice that some remits are also generating on the PID instead of the NPI. If this is the case, the MPATH portal is the only place to access the remittance advice. The MATH portal will be retired this year. Please be sure to transition to the Optum platform before then. Providers will be given notice when the old platform is to be retired.

Conduent MATH Portal

Providers can request missing remits though MTPTHelpdesk@conduent.com or by contacting a Call Center Agent. The Help Desk will need the name, NPI or PID, and remit dates providers are requesting. The Help Desk will send the remits back in a secure email.

Optum MPATH Provider Services Portal

When creating the Optum GovID, the system is designed for **1 Primary/Super User** to register the Facility NPI. (https://identity.nonprod.optumgovid.com/app/index.html#/login). This person will submit requests to link additional Users to the system, depending on the function. Please verify with your management team to discuss who this Primary User should be. When selecting the Primary User keep in mind the NPI for all Teams is the same across the district.

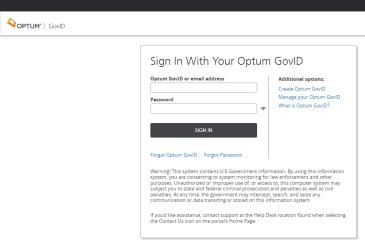
The instructions to pull remits in MPATH is in the January 2022 training slides. Training slides can be located under the Enrollment tab on the Medicaid Provider Webpage: https://medicaidprovider.mt.gov/. They are also located under the Training & Events page.

To access the User Guides:

- Go to the Medicaid Provider Webpage: https://medicaidprovider.mt.gov/
- Click **Provider Enrollment**, in the green side bar to the left.
- Click **Enrollment Training Materials and User Guides** at the bottom of the page.
- Select training **Presentations/January 2022 MPATH Provider Services Module Presentation** (User Guides and Training Videos are also available in this section)
- Remits begin on slide 64.

Optum MPATH Provider Services Portal





When to Submit Claims

There is no single timeline on when providers should submit claims. Providers can submit claims at any time during the month based on their billing policy. Please refer to the IGT Timeline to determine when claims will pay based on when they are submitted and if the state match is paid.

Please refer to ARM <u>37.85.406</u> <u>BILLING, REIMBURSEMENT, CLAIMS PROCESSING, AND PAYMENT</u> for more information on Medicaid rules on submitting clean claims and timely filing.

Please note this document may be updated as additional questions arise.

Please send questions to:

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